

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/534914

FILING DATE

APPLICATION

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2				1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		6		1		
8		6		1		
9		6		1		
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17		6		1		
18		6		1		
19		6		1		
20		6		1		
21		6		1		
22		6		1		
23	1	1	1			
24		1		1		
25		1		1		
26		1		1		
27		2		1		
28		2		1		
29		2		1		
30		2		1		
31		2		1		
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49						
50						
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	41	←	35	←		←
TOTAL CLAIMS	43		31			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						